DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington

To: Resource Based Relative Value Scale (RBRVS) Users:
- Anesthesiologists
- Advanced Registered Nurse Practitioners
- Emergency Physicians
- Family Planning Clinics
- Federally Qualified Health Centers
- Health Departments
- Laboratories
- Managed Care Plans
- Nurse Anesthetists
- Ophthalmologists
- Physicians
- Physician Clinics
- Podiatrists
- Psychiatrists
- Radiologists
- Registered Nurse First Assistants

Memorandum No: 05-125 MAA
Issued: December 29, 2005

For Information Call:
1-800-562-3022

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (HRSA)

Subject: Physician-Related Services: 2006 Changes and Additions to CPT™ and HCPCS Codes, Policies and Fee Schedules

Effective for dates of service on and after January 1, 2006, the Health and Recovery Services Administration (HRSA) will:

- Begin using the Year 2006 Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) Level II code additions as discussed in this memorandum;
- Update the Physician-Related Services Fee Schedule to include the new 2006 codes, fees, and base anesthesia units (BAU); and
- Update and clarify various policies and payment rates.

* HCPCS – Healthcare Common Procedure Coding System.

Overview

- **All policies previously published remain the same unless specifically identified as changed in this memo.**

- The new 2006 additions and deletions are available on the HRSA Fee Schedules web page. Visit our website at http://maa.dshs.wa.gov. Click on Provider Publications/Fee Schedules, then Fee Schedules.

- Do not use CPT and HCPCS codes that are deleted in the "*Year 2006 CPT*" book and the "*Year 2006 HCPCS*" book for dates of service after December 31, 2005.

Maximum Allowable Fees and BAU

HRSA used the following resources in determining the maximum allowable fees and BAU for the Year 2006 additions:

- Year 2006 Medicare Physician Fee Schedule Data Base (MPFSDB) relative value units;

- Year 2006 Washington State Medicare Laboratory Fee Schedule; and

- Current Conversion Factors.

Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, HRSA publishes only the official brief description for all codes. Please refer to your current CPT book for full descriptions.

Deleted CPT and HCPCS Modifiers

The Centers for Medicare and Medicaid Services (CMS) deleted HCPCS modifier **QB, QQ**, and **QU** from the 2006 HCPCS book.

New 2006 HCPCS Modifiers

Many new modifiers were added in the 2006 HCPCS book. HRSA accepts all of these modifiers as informational only. Modifier descriptions may be viewed in the 2006 HCPCS book. HRSA may require inclusion of some of the modifiers for payment purposes. HRSA will notify you in future memorandums when a modifier is required for payment purposes.

Deleted CPT and HCPCS Codes

Effective for dates of service on and after January 1, 2006, HRSA no longer pays for the following codes since they are deleted from the current CPT or HCPCS book:

0010T
0020T
0023T
0033T
0034T
0035T
0036T
0037T
0038T
0039T
0040T
01964
15342
15343
15350
15351
15810
15811
16010
16015
21493
21494
31585
31586
32520
32522
32525
33918
33919
37720
37730
42325
42326
43638
43639
44200
44201
44239
69410
76375
78160
78162

78170
78172
78455
82273
83715
83716
86064
86379
86585
86587
90780
90781
90782
90783
90784
90788
90799
90871
90939
92330
92335
92390
92391
92392
92393
92395
92396
92510
95858
96100
96115
96117
96400
96408
96410
96412
96414
96520
96530
96545
97020
97504

97520
97703
99052
99054
99141
99142
99261
99262
99263
99271
99272
99273
99274
99275
99301
99302
99303
99311
99312
99313
99321
99322
99323
99331
99332
99333
A4643
A4644
A4645
A4646
A4647
A9511
A9513
A9514
A9515
A9519
A9520
A9522
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G0030
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G0254
G0258
G0263
G0264
G0279
G0280
G0296
G0330
G0331
G0336
G0338
G0345
G0346
G0347
G0348

G0349
G0350
G0351
G0353
G0354
G0355
G0356
G0357
G0358
G0359
G0360
G0361
G0362
G0363
J0880
J1563
J1564
J1750
J2324
J7051
J7317
J7320
J7616
J7617
K0628
K0629
L8620
Q0136
Q0137
Q0187
Q1001
Q1002
Q2001
Q2002
Q2003
Q2005
Q2006
Q2007
Q2008
Q2011
Q2012
Q2013

Q2014
Q2018
Q2019
Q2020
Q2021
Q2022
Q3000
Q3002
Q3003
Q3004
Q3005
Q3006
Q3007
Q3008
Q3009
Q3010
Q3011
Q3012
Q4054
Q4055
Q4075
Q4076
Q4077
Q9941
Q9942
Q9943
Q9944
S0071
S0072
S0107
S0114
S0118
S0158
S0159
S0168
S0173
S2082

Prior Authorization Update

The following CPT and HCPCS codes require prior authorization (PA) (list includes both new 2006 codes and existing codes with requirement changes):

0120T	0152T	33886	78814	90734	A9543
0123T	0153T	33889	78815	90779	A9544
0124T	0154T	36470	78816	92626	A9545
0126T	15170	36471	83037	92627	A9552
0137T	15171	43770	83900	92630	A9698
0140T	15175	43771	83907	92633	G0378
0141T	15176	43772	83908	95251	J7341
0142T	15340	43773	83909	95873	L8623
0143T	15341	43774	83914	95874	L8624
0144T	15360	43845	86480	96101	Q9955
0145T	15361	43886	88333	96116	Q9956
0146T	15365	43887	88334	96118	Q9957
0147T	15366	43888	88380	99183	S0265
0148T	33880	46505	88384	99318	S2900
0149T	33881	64650	88385	99339	S3626
0150T	33883	64653	88386	99340	S3854
0151T	33884	69930	90733	A9542	

*For Details on HRSA's PA process, refer to the Authorization section (Section I) of HRSA's current *Physician-Related Billing Instructions.*

New Expedited Prior Authorization Criteria

The procedures on the following pages require expedited prior authorization (EPA). Please refer to the authorization section of your billing instructions for information on how to create an EPA number. If EPA criteria can not be met and there is strong evidence of medical necessity, you have the option of submitting a written/fax authorization request (see Section I of HRSA's current *Physician-Related Billing instructions* for details).

Cochlear Implants

CPT: 69930
HCPCS: L8615-L8618, L8621-L8624
Dx.: 389.10-389.18

423 When **one** of the following is true:

1) **Unilateral cochlear implantation** for adults (age 18 and older) with post-lingual hearing loss and children (age 12 months-17 years) with prelingual hearing loss when all of the following are true:

   a) The client has a diagnosis of profound to severe bilateral, sensorineural hearing loss;

   b) The client has stimulable auditory nerves but has limited benefit from appropriately fitted hearing aids (e.g., fail to meet age-appropriate auditory milestones in the best-aided condition for young children, or score of less than ten or equal to 40% correct in the best-aided condition on recorded open-set sentence recognition tests;

   c) The client has the cognitive ability to use auditory clues;

   d) The client is willing to undergo an extensive rehabilitation program;

   e) There is an accessible cochlear lumen that is structurally suitable for cochlear implantation;

   f) Client does not have lesions in the auditory nerve and/or acoustic areas of the central nervous system; and

   g) There are no other contraindications to surgery; ***or***

2) **Replacement Parts for Cochlear Implants** when all of the following are true:

   a) HRSA has purchased the implant(s);
   b) The manufacturer's warranty has expired;
   c) The part is for immediate use, not a back-up part; and
   d) The part is not an external speech processor (these require written/fax authorization).

Please Note: Effective for dates of service on and after January 1, 2006, HCPCS code L8619 requires PA.

Hyperbaric Oxygen Therapy

CPT: 99183

425 When both of the following are true:

1) The diagnosis is 250.70-250.83; and

2) Hyperbaric Oxygen Therapy is being done in combination with conventional diabetic wound care.

Meningococcal Vaccine

CPT: 90734 (Conjugate Vaccine – Menactra®)

421 Client is 11 years of age through 55 years of age and meets in one of the "at risk" groups because the client has one of the following:

1) Has terminal complement component deficiencies;

2) Has anatomic or functional asplenia;

3) Is a microbiologist who is routinely exposed to isolates of N. meningitidis; or

4) Is a freshman entering college who will live in a dormitory.

CPT: 90733 (Polysaccharide vaccine – Menomune®)

424 Client meets at least 1 of the 4 criteria for use of the meningococcal vaccine outlined for EPA code 421 (CPT code 90734) and **one of the following is true**:

1) The client is one of the following:

a) 2 years of age through 10 years of age; or
b) Older than 55 years of age.

2) The conjugate vaccine is not available.

Chemotherapy Administration

For dates of service on and after January 1, 2006, HRSA is updating the chemotherapy administration policy as follows:

- You may bill chemotherapy administration (CPT codes 96409 or 96411) for each drug administered.

- HRSA pays for only one "initial" drug administration code (CPT code 96409 or 96413) per encounter unless:

  - ✓ Protocol requires you to use two separate IV sites; or
  - ✓ The client comes back for a separately identifiable service on the same day. In this case, bill the second "initial" service code with modifier -59.

- HRSA does not pay for CPT code 99211 on the same date of service as the following drug administration codes: 96401-96549. If billed in combination with one of these drug administration codes, HRSA will deny the Evaluation and Management (E&M) code 99211. However, you may bill other E&M codes on the same date of service using modifier 25 to indicate that a significant and separately identifiable E&M service was provided. If you do not use modifier 25, HRSA will deny the E&M code.

- **Items and Services Not Separately Payable with Drug Administration:**
  Some items and services are included in the payment for the drug administration service, and HRSA does not pay separately for them. These services include, but are not limited to:

  - ✓ The use of local anesthesia;
  - ✓ IV start;
  - ✓ Access to indwelling IV (a subcutaneous catheter or port);
  - ✓ A flush at conclusion of an infusion;
  - ✓ Standard tubing; and
  - ✓ Syringes and supplies.

- **Infusion v. Push:**
  An intravenous or intra-arterial push is defined as:

  - ✓ An injection in which the health care professional who administers the substance or drug is continuously present to administer the injection and observe the patient; OR
  - ✓ An infusion of 15 minutes or less.

Injectable Drug Updates

HRSA is updating the Injectable Drug Fee Schedule for January 1, 2006. You may access this at http://maa.dshs.wa.gov. Click on Provider Publications/Fee Schedules, and then click on Fee Schedules

Therapeutic or Diagnostic Injections (CPT codes 90760-90779)

For dates of service on and after January 1, 2006, HRSA is updating the Therapeutic Injections section as follows:

- If no other service is performed on the same day, you may bill a subcutaneous or intramuscular injection code (CPT code 90772) in addition to an injectable drug code.

- HRSA does not pay separately for these injections if they are provided in conjunction with IV infusion therapy services (CPT codes 90760, 90761, and 90765-90767).

- HRSA pays for only one "initial" intravenous infusion code (CPT codes 90760, 90765, and 90774) per encounter unless:

  - ✓ Protocol requires you to use two separate IV sites; or
  - ✓ The client comes back for a separately identifiable service on the same day. In this case, bill the second "initial" service code with modifier 59.

- HRSA does not pay for CPT code 99211 on the same date of service as drug administration CPT codes 90760-90761, 90765-90768, or 90772-90779. If billed in combination, HRSA denies the E&M code 99211. However, you may bill other E&M codes on the same date of service using modifier 25 to indicate that a significant and separately identifiable service was provided. If you do not use modifier 25, HRSA will deny the E&M code.

- **Concurrent Infusion:** HRSA pays for concurrent infusion (CPT code 90768) only once per day.

Sandostatin

Effective January 1, 2006, HRSA no longer requires PA for HCPCS codes J2353 and J2354.

STAT Laboratory Services

You may bill the following additional CPT codes for STAT lab services: 86367 and 86923.

Immune Globulin Reminder

Bill for immune globulin injections using the appropriate HCPCS code. HRSA does not pay for immune globulins billed with CPT codes (e.g., HRSA does not pay for CPT code 90283 but does pay for HCPCS codes J1566 and J1567).

Immunizations billed with the SL modifier

When billing HRSA for an immunization that is available free-of-charge from the Department of Health (DOH), you must include both of the following:

- The appropriate procedure code for the vaccine given; and
- The SL modifier (**For example:** 90707 SL).

Effective for claims with dates of service on and after August 1, 2005, HRSA pays $5.90 for the SL modifier billed with vaccines obtained free from DOH.

Immunization Administration Grid

The following grid, found on page C.9 of HRSA's current *Physician-Related Services Billing Instructions*, was missing administration codes 90471 and 90472 when HRSA published Numbered Memorandum 05-43 MAA. Below is the complete grid which includes those administration codes. These codes may be used when billing vaccines that are **not** available free-of-charge from DOH. **See page C.11 of HRSA's current *Physician-Related Services Billing Instructions*.**

Procedure Code	Brief Description	Non-Facility Fee	Facility Fee
90465	Immune admin 1 inj, <8 yrs	$11.13	$11.13
90466	Immune admin addl inj, < 8 yrs	6.59	6.59
90467	Immune admin O or N < 8 yrs	5.05	5.05
90468	Immune admin O/N, addl < 8 y	3.03	3.03
90471	Immunization admin	*11.13	*11.13
90472	Immunization admin, each add	*6.59	*6.59

* Fee is effective for dates of service on and after August 1, 2005.

Please note:

- Do not bill CPT codes 90465-90468 in combination with CPT codes 90471-90472.
- For those drugs **not** available free-of-charge from DOH, HRSA pays an immunization administration fee for a maximum of two vaccines.

  For example:

  ✓ One unit of 90465 and one unit of 90466;
  ✓ One unit of 90467 and one unit of 90468; or
  ✓ One unit of 90471 and one unit of 90472.

Immunizations Available from Department of Health

HRSA updated the immunization grid beginning on page C.11 of HRSA's current *Physician-Related Services Billing Instructions* to properly reflect which immunizations are available free-of-charge from DOH. This information is in the table below and will be incorporated in the July *Physician-Related Services Billing Instructions.*

Vaccines that are **shaded** in the table are available free-of-charge from DOH through the Universal Vaccine Distribution program and the Federal Vaccines for Children program for children age 18 years and younger. **HRSA does not pay for these vaccines.**

CPT	Vaccine	CPT	Vaccine
90585	Bcg vaccine, percut	90704	Mumps vaccine, sc
90586	Bcg vaccine, intravesical	90705	Measles vaccine, sc
90632	Hep a vaccine, adult im	90706	Rubella vaccine, sc
90633	Hep a vacc, ped/adol, 2 dose	90707	Mmr vaccine, sc
90636	Hep a/Hep B vacc (adult)	90708	Measles-rubella vaccine, sc
90645	Hib vaccine, hboc, im	90712	Oral poliovirus vaccine
90646	Hib vaccine, prp-d, im	90713	Poliovirus, ipv, sc
90647	Hib vaccine, prp-omp, im	90714	Td vaccine no prsrv>/=7im
90648	Hib vaccine, prp-t, im	90715	TdaP, 7 years and older, intramuscular
90655	Flu vacc split pres free 6-35 months	90716	Chicken pox vaccine, sc
90656	Flu vacc split pres free 3 years and above	90717	Yellow fever vaccine, sc
90657	Flu vaccine, 6-35 mo, im	90718	Td vaccine >7, im
90658	Flu vaccine, 3 yrs, im	90720	Dtp/hib vaccine, im
90660	Flu vacc, nasal (Covered October 1 through March 31 only)	90725	Cholera vaccine, injectable
90665	Lyme disease vaccine, im	90732	Pneumoccocal vacc, adult/ill
90669	Pneumococcal vacc, ped<5	90733	Meningococcal vaccine, sc
90675	Rabies vaccine, im	90734	Meningococcal vacc,intramuscular
90676	Rabies vaccine, id	90735	Encephalitis, vaccine, sc
90690	Typhoid vaccine, oral	90740	Hepb vacc, ill pat 3 dose im
90691	Typhoid vaccine, im	90743	Hep b vacc, adol, 2 dose, im
90692	Typhoid vaccine, h-p, sc/id	90744	Hep b vacc ped/adol 3 dose, im
90700	Dtap vaccine, im	90746	Hep b vaccine, adult, im
90701	Dtp vaccine, im	90747	Hep b vacc, ill pat 4 dose, im
90702	Dt vaccine <7, im	90748	Hep b/hib vaccine, im
90703	Tetanus vaccine, im	90749	Vaccine toxoid

***Due to its licensing agreement with the American Medical Association, HRSA publishes only the official, brief CPT code descriptions. To view the full descriptions, please refer to your current CPT book*.**

Global (Total) Obstetrical (OB) Care

Global OB care (CPT codes 59400, 59510, 59610, or 59618) includes all the following:

- Routine antepartum care in any trimester;
- Delivery; and
- Postpartum care.

If you provide all of the client's antepartum care, perform the delivery, and provide the postpartum care, **you must bill** using one of the global OB procedure codes.

When more than one provider in the same clinic (same group provider number) sees the same client for global maternity care, HRSA only pays one provider for the global (total) obstetrical care.

Providers who are in the same clinic who **do not** have the same group provider number ***must not*** bill HRSA the global (total) obstetrical care procedure codes. In this case, you must "unbundle" the OB services and bill the antepartum, delivery, or postpartum care separately.

High-Risk Additional Monitoring Modifier

HRSA changed the required modifier used when billing E&M codes for additional monitoring visits for high-risk conditions billed in **excess** of the normal antepartum guidelines. Providers who bill claims for high-risk additional monitoring visits for pregnancy-related services must attach the following modifier to the additional visit codes:

Modifier	Description
SK	High Risk Population

Refer to Section F of HRSA's current *Physician-Related Services Billing Instructions* for detailed guidelines regarding billing for maternity services.

Note: You must continue to use modifier TH when billing office visit codes 99201 - 99215 for antepartum care when you see the client for ***only*** 1-3 antepartum visits**.**

Maternity Anesthesia Policy Clarification

When a physician starts a planned vaginal delivery (CPT code 01697) and it results in a cesarean delivery (CPT code 01968), both of these procedures may be billed. However, if both an anesthesiologist and a certified registered nurse assistant (CRNA) are involved, each provider bills only for those services he/she performed. The sum of the payments for each procedure will not exceed HRSA's maximum allowable fee.

Smoking Cessation for Pregnant Women

Effective for dates of service on and after January 1, 2006, you must use the following new HCPCS procedure codes to bill for smoking cessation for pregnant women. For dates of service prior to January 1, 2006, you must use the CPT codes (see below) to bill for this service.

CPT Procedure Code	ICD-9-CM Diagnosis Codes	New HCPCS Code	January 1, 2006 Maximum Allowable Fee	
			Non Facility Setting	Facility Setting
99401	648.43 and 648.44	G0375 (Smoke/Tobacco Counseling 3-10)	$15.26	$15.03
99402		G0376 (Smoke/Tobacco Counseling >10)	30.23	29.78

Irrigation of Venous Access Pump (CPT code 96523)

CPT code 96523 may be billed as a stand-alone procedure. However, if billed on the same day as an office visit, you must use modifier 25 to report a separately identifiable medical service. If you do not use modifier 25, HRSA will deny the E&M code.

PET Scan Policy

Retroactive to January 1, 2005, you may bill PET scan CPT codes 78814-77816. A list of CPT codes allowed for PET scans is on the top of page I.11 of HRSA's current *Physician-Related Services Billing Instructions*. HRSA will update these billing instructions in the near future. Until then, make note of the addition of CPT codes 78814-77816 and the deletion of procedure codes G0330 and G0331 (which are currently on the list).

Radiopharmaceutical Agents

HRSA incorrectly listed CPT code **79905** in the PA table on the top of page 4 in numbered memorandum 05-59 MAA. The correct procedure code is **79005**.

Physical Therapy

Effective for dates of service on and after January 1, 2006, the following CPT codes are deleted: 97020, 97504, 97520, and 97703.

Effective for dates of service on and after January 1, 2006, the following CPT codes are added or revised: 97024, 97760, 97761, and 97762.

Procedure Codes	Brief Description	January 1, 2006 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
97024*	Diathermy treatment	$3.18	$3.18
97760	Orthotic mgmt and training	18.62	15.44
97761	Prosthetic training	17.03	14.99
97762	C/O for orthotic/prosth use	15.67	10.45

Sleep Studies and Approved Center of Excellence

HRSA limits payment for sleep studies to clients with diagnosis of obstructive sleep apnea or narcolepsy. For dates of service on and after October 1, 2005, the diagnosis range has been expanded to include the following: 327.21; 327.23; 327.26; and 327.27.

HRSA has added North Olympic Sleep Center, Silverdale, WA to the list of Approved Sleep Centers.

Vagus Nerve Stimulation (VNS)

HRSA does not pay for Vagus Nerve Stimulation (VNS) programming CPT codes 95970, 95974, or 95975 or other VNS-related procedures (i.e., 64550-64565 or 64590-64595) when used to treat depression.

*Denotes CPT Code description change ONLY.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing WAMedWeb at http://wamedweb.acs-inc.com

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at http://maa.dshs.wa.gov (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** **link**).

To request a free paper copy from the Department of Printing:

1. **Go to: http://www.prt.wa.gov/** (Orders filled daily.)

   a) Click ***General Store***.

   b) If a **Security Alert** screen is displayed, click **OK.**

      i. Select either ***I'm New*** or ***Been Here***.
      ii. If new, fill out the registration and click ***Register***.
      iii. If returning, type your email and password and then click ***Login***.

   c) At the **Store Lobby** screen, click ***Shop by Agency***. Select ***Department of Social and Health Services*** and then select ***Health and Recovery Services Administration*.**

   d) Select ***Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications,*** or ***Document Correction***. You will then need to select a year and the select the item by number and title.

2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)